

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011873

Entity Name: RINCAT LLC

FILED
May 18, 2009
Secretary of State

Current Principal Place of Business:

1615 S. COMBEE RD.
LAKELAND, FL 33803 US

New Principal Place of Business:

4920 S. FRONTAGE RD.
LAKELAND, FL 33815 US

Current Mailing Address:

PO BOX 1300
HIGHLAND CITY, FL 33846 US

New Mailing Address:

4920 S. FRONTAGE RD.
LAKELAND, FL 33815 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALAS, MARIAN
435 E CHRISTINA BLVD
LAKELAND, FL 33846 US

Name and Address of New Registered Agent:

WALAS, MARIAN A PRESIDE
435 E CHRISTINA BLVD
LAKELAND, FL 33813 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIA WALAS

05/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALAS, MARIAN
Address: PO BOX 1300
City-St-Zip: HIGHLAND CITY, FL 33846 US

Title: MGRM () Delete
Name: WALAS, MARGARET
Address: PO BOX 1300
City-St-Zip: HIGHLAND CITY, FL 33846 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIAN WALAS

PRES

05/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date